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ARCHBISHOP'S HOUSE,
DUBLIN, N.W.

3rd February, 1954.

Right Reverend and Monsignor McGowan,

As Patron of the International Congress of Catholic Doctors to be held in Dublin from 30th June to 4th July, I have pleasure in assuring the National Federation of Catholic Physicians Guilds of a sincere welcome.

We should be honoured by the presence and participation of the American Catholic Doctors in a Congress, in which the matter to be treated is of the greatest import from the point of view of the Natural Law and of teaching of the Church.

I remain,
Right Reverend and dear Monsignor,
Yours sincerely in Christ,

+ John C. McQuaid,
Archbishop of Dublin,
Primate of Ireland.

The Right Reverend Monsignor D. A. McGowan,
Moderator, National Federation of Catholic Physicians Guilds,
1312 Massachusetts Avenue, N.W.,
Washington, D.C.

HE LINACRE QUARTERLY

FEBRUARY, 1954

A message from the Federation Moderator

To Our Catholic Doctors:

This short message from your National Spiritual Director will simply point up the importance of the 6th International Congress of Catholic Doctors, Dublin, June 30 - July 4. The Congress is receiving a great deal of attention from the Hierarchy in Ireland.

The letter from Archbishop McQuaid is ample proof of this fact.

I realize that the dates are rather inconvenient for us since the American Medical Association meets in San Francisco June 21 through the 25th. Despite the apparent difficulties of attending the Dublin Congress, Doctor Toland, our National President, and myself prayerfully hope that a representative group of Catholic doctors from the United States will be present in Dublin.

With every best personal good wish, I am,

Sincerely yours in Christ's Charity,

Rt. Rev. Msgr. Donald A. McGowan

A Doctor Wants to Know . . .
About Medical Partnerships

Would you be so kind as to inform me whether a Catholic physician can ethically form a partnership with a non-Catholic who practices as follows contrary to the precepts of the Church: 1) advocates and performs direct sterilizations; 2) performs "therapeutic" abortions; 3) dispenses contraceptive devices. I would appreciate a reference to specific pronouncements of the hierarchy in regard to the ethics of such an association.

* * * * * * * * *

Father John J. Lynch, S.J., Professor of Moral Theology at Weston College, Weston, Mass. and consultant for THE LINACRE QUARTERLY presents the moral aspects of this proposal for the benefit of our readers.

THE question as proposed is not one which can be answered without qualification, presenting as it does one of those situations of which even a moralist must say, "Circumstances alter cases." And since not all the pertinent circumstances can be inferred with certainty from the data available, no solution could claim to be more than suppositional until additional facts have been ascertained.

Before stating, however, the suppositions on which this answer is based, it would be well to forestall any possible misunderstanding which might be occasioned by the details of the problem itself. There are two such items, closely related to each other, which could distract one from the essential point of the solution. First: the fact that the other doctor in the partnership is a non-Catholic does not bear essentially on the decision of the case. The reason for this assertion lies in item number two, viz., that the specific procedures cited in the problem as immoral are not merely forbidden by the positive law of the Catholic Church, but are immutable tenets of the natural law binding every human individual regardless of religious creed. As Fr. Gerald Kelly, S.J., has pointed out in previous comments on the Catholic Hospital Code, ". . . a double standard cannot be admitted when there is question of the principles of natural law and of their application to medical cases. For since this law is the same for all human nature, it holds equally for

non-Catholic patients and Catholic patients, for Catholic doctors and non-Catholic doctors."[1] Hence, whatever the conclusion reached regarding a medical partnership of this kind, difference of faith is a substantially irrelevant factor.

Proceeding then on that understanding, these are the suppositions or assumptions of which I previously made mention. I presume, first of all, that medical "partnership" is intended to mean something substantially more than merely sharing an office. In other words, I understand that this is a partnership in the commonly accepted and legal sense of the word (to whatever extent legal partnership may be compatible with the established ethics of the medical profession)—the sort of thing which might be exemplified in a private clinic operated jointly by two or more doctors who "have joined together in the practice of medicine, and so hold themselves out to the public and patients, where all income and expenses are a joint account or joint venture."[2] I take for granted, too, that the Catholic physician would readily recognize the immorality on his part of any explicit approval, even only interior, of the illicit phase of his partner's practice, and would *a fortiori* realize that he could provide no physical assistance in any such medical or surgical procedures.

The problem then is reduced to that of being formally associated in partnership with a physician, some of whose common practices are admittedly immoral. In those immoral procedures the Catholic doctor does not participate physically, nor does he grant them explicit approval.

With regard to specific pronouncements of the hierarchy on that precise situation, there is none to my knowledge; unless possibly some directive on the point be included in a local hospital code with which I am not familiar. It would be simply impossible for Church authorities to legislate expressly for every conceivable moral situation; and hence it must frequently happen that the Church leave to theologians the task of providing solutions for concrete cases as they occur by applying standard moral rules. This, I would say, is one of those instances where, instead of enjoying the convenience of an explicit directive to solve a problem, we are left to work it out for ourselves in the light of general moral principles.

What answer, then, would a moralist give to this problem? On the basis of the above assumptions, my own opinion — with which I feel confident other moralists would agree substantially—is that there appear to be at least two serious reasons for saying that such a partnership is not morally permissible, while no reason occurs as sufficient to justify the association. (It should be apparent that this is not an apodictical and universal solution, but one which is based only on available infor-

mation, with the realization that other facts as yet undisclosed might possibly persuade me to qualify my decision in an individual case.)

THE MALICE OF COOPERATING IN ANOTHER'S SIN

The first reason is derived from the natural law prohibition against cooperating with the sinful acts of others or, to put it another way, against helping others to commit sin. It stands to reason that if one person willingly assists another in the actual performance of an intrinsically evil act, his cooperation is sinful on two scores: first because of his willful approval of the evil intrinsic to the sinful act itself, and secondly because of his violation of fraternal charity in being a willing instrument of another's sin. Love of neighbor obliges us to refrain, insofar as is reasonably possible, from allowing evil to befall others, even when they themselves are intent upon it. And what greater evil than that of sin can be alleged? Thus, for instance, the doctor, who would agree actually to assist in an illicit operation, would stand in conscience accused of this two-fold malice: of having violated, first, the fifth commandment and, secondly, his grave duty of fraternal charity. However, we are supposing that this manner of cooperation is not verified in the present case.

But it frequently happens that one's cooperation with another's sin consists, not in a participation in the very act which is sinful, but rather in some more remote action which, though innocent perhaps in itself, does make it possible or less difficult for the other to commit his sin. If that sinful possibility is foreseen as a likely result of my innocent action, I am still obliged by charity to refrain, *as far as is reasonably possible*, from allowing another to perpetrate that moral evil. In other words, there must be good and substantial reason for my performing even an act innocent in itself, if that act is recognized as one which will help another to sin. The gravity of the reason required to justify my acting, and thus permitting him to perform the evil on which he is intent, will vary according to the gravity of the sin foreseen and according to the relative importance of my act to his opportunity for sinning. And under no circumstances may one *intend* that his act be of assistance to another's sin. Here again we have application of the familiar principle of double effect to justify our doing something, good or indifferent in itself, which will have two immediate results, one good and the other evil. And among the conditions requisite for the legitimate use of that principle are absence of all evil intention on the part of the agent, and moral proportion between good and bad effect.

Is there verified in the case at hand this concept of cooperation in another's sin; and if so, is it a permissible or illicit form of cooperation? According to our original assumption, the Catholic doctor does not cooperate with his partner by participating physically in the actual procedures mentioned, nor does he in any way explicitly approve them. Theologians therefore would admit that his cooperation, if any, is not *immediate* in that sense, but at most *mediate,* i.e. contributing to the partner's sin *through the medium of* other actions perhaps good or indifferent in themselves. They would then attempt to determine whether the fact of partnership facilitates the unethical practices of the one, and whether even that degree of mediate cooperation on the other's part is sincerely unintended to be such and only grudgingly permitted because of some other necessary good to be achieved through the medical partnership. They would, in short, be vitally concerned about the Catholic doctor's real attitude towards the moral deviations of his associate, whether it be one of genuine or only simulated disapproval. For as was said before, to approve of sin, either one's own or another's, is in itself sinful.

And under such scrutiny the conduct of the "innocent" partner might easily provide cause for moral criticism on such grounds, for example, as the following:

a) Unquestionably any two doctors, who enter into a partnership, do so for the mutual advantages entailed, and each thereby expresses himself as willing that the other benefit from their association. Now one advantage to be expected for the non-Catholic in this case is that his confrere's known religion should attract a certain number of patients who prefer to entrust their medical treatment to a Catholic conscience, and who in good faith would presume as guarantee sufficient against immoral advice or procedures that lone fact of a Catholic's associating himself with the partnership. Let us suppose that in continued good faith, or after suasion by the non-Catholic doctor, some of these patients are submitted to illicit treatment. Those evils are in some sense the responsibility of the Catholic partner, whose religion and presumed integrity provided the initial attraction for those patients and made possible those specific sins on the part of his associate.

b) How would the Catholic react to direct requests from any of his own patients for contraceptive advice or illicit surgery? Morally he is obliged to refuse all such requests, nor can he refer them, even by implication, to his less scrupulous associate. If he should, he would again be helping others to sin, and could scarcely deny that he does

not intend their sinful act. Presumably the non-Catholic would be unwilling that these patients be turned away, and normally would demand that they at least be referred to him. How would the Catholic solve that situation to the satisfaction of his partner and without compromising moral principles?

c) If medical partnership is correctly interpreted as a situation where "all income and expenses are a joint account and joint venture," the fact of cooperation in and approval of illicit practices is again difficult to evade. A portion of those expenses and a portion of that income are presumably due to immoral medical procedures. To help meet those expenses, or to share in those proceeds, surely betrays a spirit of cooperation and approval which cannot be condoned.

Those are but some of the objections which might be leveled against a partnership of this kind. It cannot of course be said with certainty that all, or even any, of the above instances of cooperation are necessarily verified in every such medical partnership. But it is difficult for me to see how the Catholic doctor in such a situation can entirely avoid cooperating in one such serious way or another with the illicit practices of his associate. Hence, as I stated originally, I see here a grave reason militating against this type of partnership, while no reason occurs to me as sufficient to justify it. Furthermore (and this is possibly of even greater importance), even if the Catholic doctor were, both in word and in fact, totally unsympathetic and uncooperative with the immoral phases of his partner's practice, *that is not the interpretation which people in general commonly make of such an association.* And that brings us to the second consideration, that of scandal.

THE MALICE OF SCANDAL

Scandal is a much underestimated moral concept among those who do not appreciate its theological implications. Because of the comparatively mild significance which our common usage has attached to the words, we are inclined to interpret "scandalize" in the sense of shocking or horrifying others, and the substantive "scandal" comes to mean either the fact at which they are shocked or the defamatory gossip by which they are informed of the shocking fact. The theological truth of the matter goes deeper than that, and "to give scandal" means technically to provide another through one's own example with an inducement or enticement to sin. Clearly, scandal is as much contrary to fraternal charity as is cooperation in another's sin. In fact, some theologians might consider it more so; for whereas they consider the cooperator as one who assists another, already intent on sin and hence already a

sinner, to carry out his determined purpose, they see in scandal a decisive factor in bringing the will of another to its original sinful decision. But in any event, scandal in its theological sense can be a serious moral matter.

This inducement to sin, which is scandal, may have its effect in any one or more of several ways. What one says or does may, for example, provide a direct temptation for others, as might the risqué story, which may perhaps be a relatively harmless thing when told in a group of normal adults, but which could easily be a source of impure thoughts for impressionable adolescents. Or one's example may serve to persuade another that something actually sinful is permissible; or that committing a sin is not such a terrible thing after all; or that the alleged ideals of our religion are mere sham and hypocrisy, and that therefore the faith we profess is to be despised and shunned. Suppose a priest were to be seen eating meat on Friday in a public restaurant: would not there be danger that some Catholics, observing this anomaly, would be tempted to think less of the Church's law of abstinence and to argue, "if he can do it, so can I"? And might not non-Catholics, who are commonly quite aware of our Friday obligation, have reason to despise and ridicule the hypocrisy of the priest who professes one thing and practices another, and thus be further alienated from Catholicism which he represents? Examples of scandal are almost without number, but they all share in common that element of presenting another with an inducement to sin.

Now it cannot be denied that even the most innocent of human actions will at times be subject to misinterpretation because of either ignorance or even sheer malice on the part of others. Thus the priest, in the example cited above, may be legitimately dispensed or excused from the law of abstinence because of seriously poor health. Yet if those who observe him eating meat on Friday do not advert to that possibility (ignorance of sorts on their part), or stubbornly refuse to consider it as a likely explanation of his acting as he does (malice), there still remains the possibility of their being scandalized by an act which is objectively good and lawful. Must we therefore refrain from even permissible actions whenever we foresee that scandal may be taken from them? Common sense tells us that we are not always so obliged, and moral theology ratifies common sense by conceding that if we have good and sufficient reason for our action, a reason proportionate to the harm which may result in the form of unintended scandal, we may legitimately act and permit the unintended evil effect. Hence the moralist's rule governing unintended scandal represents still another application of the principle of double effect, and requires, together with the other usual

conditions, a reason in proportion to the evil which may result from one's innocent manner of acting.

How is scandal, in the sense of enticement to sin, verified in the situation under discussion? People commonly assume that declared partners in medical practice are in substantial agreement as to both medical procedures and medical morals. When it becomes known (and it would not long remain a secret) that one partner advocates and indulges in practices contrary to natural law, it will be presumed either that the Catholic party is in sympathy with those immoral practices, or at least that he condones them in his partner (even while righteously disclaiming any part in them himself) and is sharing in the proceeds from them. Because of this seeming bad example on the part of one who represents himself as a Catholic — and remember that a doctor is a person of prestige in any community and that his example is more than ordinarily influential—it is not unlikely that some of the faithful might be induced to think lightly of birth-control, abortion, etc.; while non-Catholics, knowing well our professed stand on such practices, might find confirmation for their own erroneous convictions, and grounds for ridiculing Catholicism for preaching one doctrine and condoning its contrary. "How is it that Dr. So-and-So can be associated in something the Church claims to be gravely sinful and yet be allowed to receive the Sacraments? Either the Church's doctrine is hypocrisy, or else we have been too credulous in believing that those practices are so very wrong." That in general could easily be common reaction to such a situation, and that is serious public scandal.

And for the physician to say, "I am not responsible for the misinterpretations which ignorant and suspicious people make of my innocent actions" would be to miss entirely the point regarding scandal. By creating a situation which makes such an interpretation likely, and by doing so without a sufficiently grave reason, one makes himself responsible for contributing somewhat to the sin of others—something which, as we have said, charity forbids if it can be reasonably avoided.

Hence to the original question, as supplemented by the several assumptions which it seemed necessary to make, I would conclude that medical partnership of this nature would be morally reprehensible, unless possibly because of an extraordinary and grave reason. So great would be the expectancy of serious scandal, and so difficult to avoid all manner of sinful cooperation and approbation, that I for one cannot suggest a practical situation in which such a partnership might seem to be permissible. Perhaps, however, conscientious physicians, who are more aware than myself of medical realities, could cite circumstances

which would require modification of that conclusion. Meanwhile, if I may be permitted to apply to this question a bit of sound advice which Fr. John C. Ford, S.J., includes in his discussion of psychoanalysis,[3] I would suggest that the best practical way to avoid the moral problem is to choose a medical partner whose principles and practices are known not to offend against Christian morality.

REFERENCES

1. *Medico-Moral Problems,* I, p. 7. (The Catholic Hospital Asso., 1438 So. Grand Blvd., St. Louis 4, Mo.)
2. JAMA, 153: 1552. This description of "legal partnerships of doctors or clinics of doctors" occurs in a resolution introduced during the clinical meeting in St. Louis of the House of Delegates of the American Medical Association, Dec. 1-4, 1953. I have made use of it in an attempt to express as accurately as possible a doctor's concept of medical partnership.
3. John C. Ford, S.J., "May Catholics Be Psychoanalyzed?", THE LINACRE QUARTERLY, Aug., 1953, pp. 57-70.

THE MARIAN YEAR

YET this centenary . . . of the solemn definition of the Immaculate Conception . . . should not only serve to revive Catholic faith and earnest devotion to the Mother of God in the souls of all, but Christians should also, in as far as possible, conform their lives to the image of the same Virgin. Just as all mothers are deeply affected when they perceive that the countenance of their children reflects a peculiar likeness to their own, so also our Most Sweet Mother wishes for nothing more, never rejoices more than when she sees those whom, under the cross of her Son, she has adopted as children in His stead portray the lineaments and ornaments of her own soul in thought, word, and deed.

But if this devotion is not to consist of mere words, is not to be counterfeit coin of religion or the weak and transitory affection of a moment, but is to be something sincere, true and efficacious, it is necessary that each one of us should, according to his condition of life, avail of it for the acquisition of virtue. The commemoration of the mystery of the Most Holy Virgin, conceived immaculate and immune from all stain of original sin, should, in the first place, urge us to that innocence and integrity of life which flees from and abhors even the slightest stain of sin.

. . . *Fulgens Corona* (The Radiant Crown)
encyclical letter of His Holiness,
Pope Pius XII on *The Marian Year*

The Physician and Suffering

MARTIN D. GARRY, O.P., Ph.D.
Director—Department of Philosophy
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AMONG the great gifts of a generous God may be counted Life itself. However, it is given to man with certain reservations. In bestowing such a gift, God reserves to Himself the right to regulate that life through the laws of nature, and even to determine the limit of its earthly endurance. Truly, this is God's prerogative; no man may appropriate that right to himself, or even interfere with it. That man who wilfully destroys life, either his own or that of another, has always been regarded as guilty of a grave and hideous crime.

From this basic principle, the goal of medical science becomes evident: to preserve, to strengthen human life within the limits determined by Almighty God. Such a noble goal demands of the physician the conscientious fulfillment of the arduous task of studying, of taking care of the human body, of alleviating bodily sufferings and of curing its ailments. Never may he forget that the human body is not a machine destined to destruction. Remember he must, in all circumstances, that the human body is truly the temple of God, destined to exist in the eternal glory of heaven. What a sublime calling! For, in curing the physical organism of man, the physician helps to reconstruct the divine temple.

To fulfill this high mission, the physician necessarily needs not only knowledge, but also, in equal measure, charity as well. By profession, the physician is not merely a scientist; he is, in a certain sense, a *priest of that science* dedicated to the bodily welfare of the human race.

Some years ago, in welcoming a group of physicians, the Holy Father spoke of the close resemblance between the priestly and medical ministries. The Holy Father clearly pointed out that the priestly ministry is also a medical ministry because its purpose is to bring health and soundness to souls. Being both preservative and curative, the priestly ministry aids in restoring health to the body. Illustrating His own office, in the parable of the Good Samaritan, the Divine Founder of the priesthood called Himself, Physician; and again, when He said

to those who reproached Him for associating with sinners, "They that are in health need not a *physician* but they that are ill."

A being of soul and of body, man expresses unity of life and action. Spiritual medicine, therefore, will be allied to corporal medicine. In fact, the physician of the soul may do much to make easier the work of the physician of the body. The latter may be also the physician of the soul; he effects such a nobility, not only indirectly by the honest exercise of his profession, but directly by his own spiritual standards. Grateful are we to the many physicians who have been and are real precursors of the priest in the care of souls.

Throughout your years of experience, you have come face to face with misery and illness of every description. Your profession necessarily demands that you overcome any natural repugnance to which such sights and contacts give rise. Animated by the proper spirit, a good physician does not lose his sense of commiseration and sympathy for those who suffer; rather, the good physician continuously strives to refine and to increase that sense during all the days of his profession. To be truly and sincerely sympathetic in mind and heart, is one of the most powerful remedies of the physician's profession. In this, he perfects his role as priest of the medical science. Never will he allow a sufferer to feel shame at seeking human sympathy and understanding. Did not the strongest Man this earth has ever seen seek human consolation in His suffering? What did He receive? Those whom He had saved, those whom He had counselled and consoled, utterly neglected Him. As if nothing at all were to happen, they slept on, in a deep calm, as He suffered and prepared to die for them. Abandoned by men, left alone to suffer the greatest physical and mental pain that *any man* has ever endured, Christ experienced such utter desolation as to be beyond the descriptive power of any mortal. It is true that Christ was Divine, but He was perfectly human as well. Filled with a tenderness beyond our weak comprehension, His human heart sought in vain for a word, one kind word of human consolation. How tragic!

Great will be the charity, the mercy of that physician who instills into his incurably suffering patient the desire to turn to Christ, to find in *Him* the great consoler of Mankind. Throughout His earthly life, the merciful Christ brought anew health to diseased bodies, sight to blind eyes, strength to paralyzed limbs and even life to the dead. As then, so now the mercifully risen Christ remains, for all time, the one, great Physician of the universe.

Great too will be the eternal reward of that physician who gives to his patients his own deep-rooted conviction, that suffering, in any form,

can be for the sick a means to go to God. At the moment a man learns that he really needs God, at that very moment he has begun to grasp the real purpose of life. What a bitter lesson! Yet, a very profitable one, for it is then that man begins to see that suffering is, in reality, an invitation to turn to God. Before the eyes of the suffering must be held that eternal principle: No one is too small; no one is unimportant to be the concern of God. *To every sufferer* the outstretched arms of Christ on the Crucifix beckon to come to Him. The more completely, the more confidently the suffering soul places itself in the arms of the Crucified, the more certainly will that soul be using pain as a *stepping-stone* to its eternal union with God. Truly, here, in suffering, is the invitation to spiritual greatness.

But the sorrow and tragedy of it all is that pain can be seen in a wholly different light. The modern world would never dare to think of going directly to God for consolation. Yet, it has not offered, it cannot offer, any worthwhile substitute to a soul sunk in the depths of intense and incurable suffering. The modern world, with its glorification of all that is material and transitory, ridicules, scoffs at the Christian philosophy of suffering. Yet, what promises has the modern world offered to the advocates of its philosophy? Perhaps, fame or gain passing with time. But, what promises, what rewards can be given to those, of firm conviction in mind and heart, of the Christian philosophy of suffering? "Come, ye blessed of my Father, possess you the kingdom prepared for you from the foundation of the world. For I was hungry, and you gave me to eat; I was thirsty and you gave me to drink; I was a stranger, and you took me in. Naked, and you covered me; sick and you visited me; I was in prison and you came to me. Then shall the just answer Him, saying: Lord, when did we see thee hungry and feed thee; thirsty and gave thee to drink? When did we see thee a stranger, and took thee in? or naked, and covered thee? Or when did we see thee sick or in prison, and come to thee? and the King answering, shall say to them: Amen, I say to you, as long as you did it to one of these, my least brethren, you did it to ME."

The above was addressed to members of the medical staff of Our Lady of Mercy Hospital, Mariemont, Cincinnati, Ohio on the occasion of the Mass of Thanksgiving offered in the hospital chapel on the Feast of The Holy Family.

Some 50 of our Catholic hospitals inaugurated the custom of celebrating the Obstetricians' Mass of Thanksgiving this year. Several hospitals invited all staff physicians for the occasion. Happy to plan this for their doctors, many of our administrators reported enthusiastic acceptance of the plan and will observe this Mass annually on the Feast of the Holy Family.

The Medical Audit

Catholic doctors and hospitals are always interested in methods of improving the quality of medical care. Since the medical review or medical audit is being discussed rather widely in medical circles and since it is being used in some hospitals, the editors and staff of LINACRE QUARTERLY *believe that an explanation of it would be of interest to the readers of* LINACRE QUARTERLY. *Mr. Charles E. Berry, M.S.H.A., LL.B., instructor in hospital administration, has, therefore, prepared the following article for* LINACRE QUARTERLY.

LONG before circulation managers realized the tremendous potentials of the derogatory "health" article, organized medicine, through its officers and committees, was encouraging better medical care. These voluntary associations could do little at the national level except to formulate, adopt and publicize standards. Direct corrective action could only be initiated at the local level, and the various county and state medical associations were delegated the responsibility for taking whatever action was deemed necessary against individual offenders. To be successful, this program required the honest and conscientious support of all its members.

The theory that only a doctor could pass judgment upon the competence of another was and is widely accepted, with the inevitable result that relatively few are ever called to justify their actions. Because of this bond of professional comradeship that exists between all physicians, and because of the subjective nature of their work, one doctor will seldom expose a contemporary to any unfavorable publicity.

Leaders in the field of medicine realized that if a program designed to maintain the respect, prestige and public support of the medical profession were to succeed, a more realistic approach had to be evolved. The answer was as simple as it was obvious: enlist the active support of hospital governing boards. If governing boards of hospitals would insist that physicians meet certain standards before granting them privileges in the hospital, a powerful sanction would be established. There is nothing wrong with this technique; the medical profession discovered a practical approach to accomplish its mission, and everyone, the patient, the doctor and the hospital benefits.

Legally, the governing board of a hospital corporation is responsible for the quality of medicine practiced in the hospital by members of the medical staff. The staff, through its credentials committee, evaluates the qualifications of those applying for hospital privileges and makes its recommendations, through channels to the governing board. The governing board alone is empowered to make appointments.

It must be remembered, however, that the responsibility of the governing board does not end with the appointment of a new staff member; its responsibility is a continuing one, it must constantly evaluate the quality of work being performed within the hospital. It is this serious obligation that has caused many conscientious board members to search for some technique that will provide reasonable proof that all is as it should be. Even our city bred children know that tainted apples are never intentionally placed in the barrel, but they will intuitively dig below the top layer to search for one that might have turned color during the intervening period. If the governing board is not qualified to pass judgment on a man's initial application without professional assistance, they certainly are not competent to evaluate his work over any given period. It is to evaluate the work of the members of the medical staff on a current basis that the process or technique called the medical audit has been developed. Its purpose is not to punish, to criticize or to impeach; it is to protect the defenseless patient, the hospital and the medical profession from those few who, for one reason or another, have failed to live up to the standards maintained by their colleagues.

The use of the word "audit" has been criticized as being undesirable. Although the objective is to develop a perpetual review and analysis of the quality of medicine practiced in a given hospital, for some reason, many respected physicians honestly feel you cannot audit a diagnosis, treatment and prognosis as you can a collection of figures and statistics. Despite the validity of this contention, certainly medical findings can be compared and evaluated in the light of what a reasonably prudent practitioner would do. This standard method of evaluation is accepted by Courts of Law.

A certain reluctance and timidity sometimes bordering on hostility has been encountered by many hospital administrators when this subject of evaluation has been discussed. The reasons for this attitude are not difficult to understand if the administrator understands human nature and the natural reaction of all professional groups when their profession is in any way impinged. And yet the medical profession is jealous of its standing and, in the past, has shown little mercy for the physician who has failed to abide by those principles promulgated to constantly

up-grade the type of care rendered. That is all the hospital authorities wish to do, and the average doctor who has consistently exercised his best judgment in the treatment of his patients should, I believe, welcome any administrative policy that would re-affirm his faith in himself.

There are two methods now being used to effect this professional service accounting. The first involves the contracting for the services of a physician who has specialized in this type of work. He carefully examines all or a sampling of the medical records for a given period of time. Each member of the medical staff is given a code number and no reference is made to him except through this code. In his examination of the records the examiner may record the following information:

1—Doctor's code number
2—Number of records examined
3—Number of procedures performed
4—Number of diagnosis corroborated by pathological report
5—Diagnosis partially confirmed by pathological report
6—Number of pathological tissues reported
7—Percentage of normal tissue removed
8—Post-operative infections or complications
9—Deaths
10—Autopsies
11—Findings of pathologist at autopsy, etc.

There is no fixed formula, and any physician or well trained layman could develop such an outline. But only a physician could properly interpret the material found in the medical record. Naturally, allowances are made for removal of normal tissue when done in conjunction with related procedures, i.e., the removal of normal appendix along with diseased gall bladder. Any indication of excessive deviation from accepted practice is investigated and the report submitted to the governing board. The methods and system may vary with individual examiners but basically they follow the pattern outlined above.

Such an analysis is costly and really accomplishes little except to point out any grave deficiencies that might exist. We do not recommend the employment of a non-member of the staff for routine analysis.

The second and preferred method is to have each service or perhaps a committee of the staff at large review the records and evaluate them in much the same manner. In this way the staff gains a closer insight into the quality of the work being performed in their hospital and can correct any abuses that may be uncovered. Note that the removal of a single normal appendix may not be cause for concern, but the removal of an excessive number by any one physician may warrant further investigation.

To carefully study each medical record in a large hospital is a time consuming and often thankless job, but it can be done and is being done in many of our good hospitals. The burden should not be placed upon the few, but all the active staff should participate over a period of time. The medical audit committee, if it is to be so-called, should report its findings to the credentials or executive committee; it is not a judge and jury, it merely functions as a fact finding body. No individual staff member is condemned without a hearing, and every consideration should be given to physicians who may be found wanting.

The purpose is not to punish but to teach, not to criticize but to advise, not to discriminate but to evaluate, not to snoop but to protect. The time may soon come when patients will ask their physician, does the hospital you use have a medical audit? The next time one of our widely read periodicals or newspaper feature sections suggests that the general public is being victimized by unscrupulous members of the medical profession it should be a comforting thought to know that all possible precautions are being taken to eliminate such men from your community. Surely all honest physicians will cooperate in bringing this about, and since the medical audit is the most effective procedure now available, it should be welcomed, not feared.

St. Rene Goupil—Physician-Martyr

NORMAN MACNEILL, M.D.

The Catholic Medical Guild of

St. Rene Goupil

THE first martyr's blood to consecrate the soil of North America was that of a physician—Rene Goupil.

Little is known of his early life except that he was born in Anjou, France, about 1607. He entered the Jesuit Novitiate at Rouen and his various biographers[1] are not in agreement as to whether his medical training was secured before he entered the novitiate or after he left it, because of ill-health. That he was a qualified surgeon of his time, is attested in medical literature by Howell[2], who states that he served as surgeon at L'Hotel Dieu, Quebec.

The nature and extent of his medical training is nowhere recorded, though we know that the status of medical and surgical training in Paris at that time was involved and uncertain. It was within a century of the admission of Ambroise Pare to the College de St. Come, which represented direct succession to the Confrere de St. Come or Guild of St. Cosmos as it would be known in our language today; and at that time continental medicine was beginning to emerge from the contentious period of the Barbers and the Surgeons of the Long Robe. It was in 1520 that peace was finally signed between the contenders and authority over both corporations was given to the Faculty of Medicine of the University of Paris.

It is of interest to note in passing, that Pare is said to have received much of his surgical or preceptorial training from a Prof. Goupil[3] in the College de France and it is conceivable that there may have been consanguenity between persons of a similar and unusual name.

Goupil's novitiate rejection because of ill-health did not dampen his ardour for the Missions, and we find him at the age of 34, volunteering as a Donne for the Jesuit Mission at Quebec. The Donne belonged to a special group found only in the Canadian missions at that time (our closest synonym would be oblate or volunteer). He offered his services gratis to the mission without being bound by vows. Following two years service on the staff of L'Hotel Dieu, Goupil left with Father

Jogues and his companions for the Huron territory. Within a few days the group encountered the Iroquois enemy; outnumbered, ambushed and subjected to weeks of tortures, equalled only, in diabolical ingenuity, by the inhuman atrocities which are being enacted in our own day, behind the Iron Curtain, they finally reached the village of Ossernenon (now Auriesville, New York), the scene of their martyrdom. Their torturers had stripped them of their clothes, torn out their fingernails and ground their lacerated fingertips between their teeth. Father Jogues writing to the Father Provincial of the French Province states, "All our faces, especially Rene's presented sad spectacles. The number of blows that he received on all parts of his body and particularly on his face, so disfigured him that we could see but the whites of his eyes. They cut off his thumb at the first joint." What need to elaborate on the details of Rene's tortures—He was seen to make the Sign of the Cross on the forehead of a child and believing it to be evil, an old Indian who witnessed the act, ordered his martyrdom. On September 22, 1642, Rene's skull was cloven by a hatchet blow, and thus he became the first American Jesuit Martyr, a glorious victim to his Faith and an immortal example to his profession. He was canonized June 29, 1930, by Pope Pius XI.

1. Talbot, F., S.J. — O'Brien, John A., — Drs. Ahern, — St. Nazaire, Sister, O.S.A. — et al.
2. Howell, Wm. B., Ann. Med. Hist. vol VI. '34
3. Diefenbach, W. C., Merck Rep. Jan. '53

THE SCOPE . . . *published quarterly by the Department of Biology, Boston College, and edited by The Boston College Mendel Club included the following in a recent issue . . .*

The Federation of Catholic Physicians' Guilds

THE Federation of Catholic Physicians' Guilds was organized and first convened in 1932. The purpose of this Federation was to combine the various Catholic guilds, already existing throughout the United States, into a unified and workable organization. A constitution was adopted creating a similarity in the operation, function and purpose of the affiliated guilds. These guilds were united in one main objective; the promotion and observance of moral principles in medical education and practice according to the teachings of the Roman Catholic Church. That is, the organization was to investigate the relations of medical theory and practice to Catholic theology and philosophy; to uphold the principles of Catholic faith and morality against an unchristian and unscientific materialism; and to promote among Catholic members of the profession such solidarity as may be advantageous to both their religion and their profession. Each guild, independent of the Federation, attempts to fulfill these purposes in its own particular locality.

The question now arises, how does the individual guild attempt to fulfill these purposes? The guild sponsors lectures and open discussions under the direction of the Church, to present the Catholic viewpoint on various moral problems confronting the Catholic physician. It provides an enlightening account of these problems for the laity. It takes an interest in family life by sponsoring Cana and pre-Cana conferences. The guild provides annual retreats for Catholic doctors and medical students. It provides for Catholic clubs at the local medical schools, and it issues scholarships and funds for research. Although only a few activities are mentioned here, it is easy to recognize the outstanding contribution the guild has made to society.

The Federation supplements the activities of the various guilds in their publication of a periodical entitled, THE LINACRE QUARTERLY. This publication is a journal of the philosophy and ethics of medical practice, published with Ecclesiastical authorization. It presents studies of current problems which have arisen in the individual guilds. Articles such as, "An Official Statement on Rhythm," by Gerald Kelly, S.J. and

"Medical-Moral Problems in Neurosurgery," by Thomas P. R. Hinchey, M.D. (Boston College, Class of '28) are typical of the problems discussed in this periodical. It is easy to recognize the value of this journal to Catholic physicians as well as to the student whose aspirations fall into the medical category.

THE LINACRE QUARTERLY appears in February, May, August, and November each year. The journal is attainable by yearly subscription or individual purchase.

Despite having given but a brief sketch of this organization and its policies, it is evident that the Federation of Catholic Physicians' Guilds has made a great contribution to the medical profession and society. It has and will continue to undertake the study of medical-moral problems facing Catholic doctors and provide an ethical solution to them.

To insure continued success and increase in the activities of the organization, a definite growth in membership is necessary. Therefore, it should be the duty and honor of every Catholic doctor to become an active participant in this worthy organization.

FRED KESSLER
JOSEPH HANSS

The officers of The Federation and editor of LINACRE QUARTERLY *are grateful to Mr. Kessler and Mr. Hanss for the preparation of this article. The recognition of the Federation's efforts to fulfill the aims set forth is most appreciated.*

It is hoped that those Catholic physicians who are readers of this journal and are not members of their Catholic Physicians' Guild, will write for information regarding these organizations. There is need to establish these groups in some areas as well as increase the membership in existing ones. Address the central office of the Federation at 1438 South Grand Blvd., St. Louis 4, Missouri.

Book Review

A Doctor at Calvary

THE PASSION OF OUR LORD JESUS CHRIST AS DESCRIBED BY A SURGEON

PIERRE BARBET, M.D.

Translated by the Earl of Wicklow

THE AUTHOR, a French surgeon, has gathered into one book the results of his anatomical experiments, his archaeological and scriptural researches, and reflections on the Passion of Our Lord Jesus Christ. His study of The Holy Shroud in the light of scientific investigation and medical aspects, presents a moving account of Our Lord's crucifixion that makes this a source book for theologians and all who preach or write on the Passion of Our Lord; physicians will well understand the medical terms and their scientific significance, absorbingly presented; the layman who has deep feeling for Christ's Agony will find opportunity to penetrate closer to the kind and degree of suffering and the medical cause of His death.

The preliminary sufferings—the Garden of Gethsemane, the Scourging, the carrying of the Cross—the wounds of the Hands, in the Feet, in the Heart, the causes of the rapid death, the descent from the Cross, the journey to the tomb and entombment are recounted in a manner different from the presentation of many artists who have not had the opportunity to view and study The Holy Shroud nor delved into the documents which give scientific reasons for these tragic happenings.

With the knowledge of the author the reader is inclined to argue with the artist whose imagination errs in placement of the Nails—the wound in the Heart—the Crown of Thorns—the inclining of the Sacred Head in death, even though Dr. Barbet does not. But as he concludes, "All these horrible pains that we have lived in Him, were foreseen by Him all through His life; He premeditated them and willed them, out of His love, so that He might redeem us from our sins. He directed the whole of His Passion without avoiding one torture, accepting the

physiological consequences, without being dominated by them. *He died when and how and because He willed it.*" Whether an artist's interpretation has deviated slightly from the facts the reader learns from this book, God hangs on a Cross, crucified for those He loves, and this spectacle cannot fail to move the heart of one who gazes on this majestic figure of sorrow, pain, and death.

"A Doctor at Calvary" is highly recommended for one, two, or perhaps three readings to fully appreciate the wealth of information that only study, research, and sympathetic understanding of the world's most unique event can impart. Illustrations of The Holy Shroud assist the reader in following the text, should the medical terms reach beyond the complete understanding of the uninitiated.

A Doctor at Calvary
published by
P. J. Kenedy & Sons,
12 Barclay St., New York 8, N. Y.
1954, pp 178, $3.00

INTERNATIONAL CONGRESS OF CATHOLIC DOCTORS DUBLIN — JUNE 30 - JULY 4

The following information has been received from the Secretary-General of the International Congress of Catholic Doctors regarding the 6th Congress to be held in Dublin from June 30 to July 4, 1954.

It is to be under the auspices of the Irish Guild of St. Luke, SS. Cosmas and Damian. His Grace, Most Rev. J. C. McQuaid, D.D., Archbishop of Dublin, Primate of Ireland, is Patron of the Congress, which will commence with High Mass on June 30. The solemn opening will take place in University College, Earlsfort Terrace, Dublin, at 3 p. m. on that same day.

The theme of the Congress is

DEMOGRAPHY AND MEDICAL PRACTICE

and will be discussed under various headings, such as:—

1. General Demographical Problems
2. Obstetric and Paediotric Problems
3. Geriatric Problems
4. Psychological Problems
5. Social and Nutritional Problems

The final session will be held in Maynooth College, on Sunday, July 4, followed by Solemn Benediction to close the Congress.

THE GUILDS in FOCUS

A Report from the Catholic Physicians' Guild of the Diocese of Buffalo indicates a growth of four times the original membership. Beginning with 30, several years ago, Father Michael F. Sekelsky, the Guild Chaplain. advises there are now 140 members. Important events during the past year were the Mass and Communion breakfast in honor of St. Luke. Father Sekelsky offered the Mass and Father Thomas Plassmann, O.F.M. Director of Christ the King Seminary, addressed 150 guests on "The Body, the Masterpiece of Creation," drawing a parallel from medieval medicine as taught in those days and modern medicine patterned after the science as taught by the physicians and scholars of the famous universities of the Middle Ages.

The Guild's annual banquet was attended by 200. Active part is being taken by the group in the Diocesan Cana Conference program. The annual retreat at St. Columban's, Derby, N. Y. is scheduled for the first weekend in Lent.

The Guild officers are: President, Edward Zimmermann, M.D.; Vice-President, Elmer McGroder, M.D.; Secretary, Carroll Keating, M.D.; Treasurer, Joseph Syracuse, M.D.; and Father Sekelsky, Chaplain.

The New Orleans Guild during the past year continued its project of physical examination of children in Catholic schools, adding schools of parishes outside the city. The library committee continued making Catholic literature available in medical libraries. A retreat committee functioned to stimulate participation of Catholic physicians in retreats. 172 Catholic doctors are members of the Guild in New Orleans.

An issue of the Journal of the International College of Surgeons contained an article by a member of the Los Angeles Guild, Dr. Joseph A. Walshe. It is entitled "Traumatic Rupture of the Renal Vein with Intervention One Month After Accident." We congratulate Dr. Walshe and know that his efforts as reflected in this writing achieved the purpose as set forth.

Likewise, the contribution of Dr. Joseph B. Doyle, Boston Guild, appeared in the Irish Journal of Medical Science entitled "Uterine Denervation by Culdotomy" published early last year. Copy of the reprint has reached the Federation office. Congratulations are extended Dr. Doyle on this publication.

Dr. Daniel L. Sexton, member of the St. Louis Guild, and Third

Vice-President of the Federation, has an added office to fulfill. We are informed that he is now President-Elect of the St. Louis Medical Society. Best wishes are extended to Dr. Sexton. The honor is well merited and the office will be well administered.

Membership in the Bronx Guild has increased, according to the latest report received from Dr. John S. D'Esopo, Secretary-Treasurer of the group. During the past year, three Communion-breakfast meetings were held. A week-end retreat was conducted and another is planned for this March. This Guild, too, promotes a retreat annually for the members. Renewal of 87 medical student subscriptions has also been effected.

The Catholic Physicians' Guild of New York in Manhattan has been reactivated according to a report received from Dr. Maurice C. O'Shea, Chairman of the temporary executive committee. 65 Catholic physicians from many of the Manhattan hospitals met for the first time since 1940. Best wishes are extended for successful endeavors and it is hoped that membership in the Federation will soon be renewed.

The Annual Meeting for Catholic physicians will be held in San Francisco, Wednesday, June 23, 1954. Following the regular meeting of the Executive Board of the Federation, the usual luncheon and meeting are scheduled for all Catholic doctors attending the A.M.A. sessions. The Guilds are urged now to arrange for representation on this occasion.

Minutes of Winter Meeting of The Federation of Catholic Physicians' Guilds—December 1, 1953

The winter Executive Board meeting of the Federation of Catholic Physicians' Guilds was held in St. Louis, Missouri, December 1, 1953 at Hotel Sheraton, 9:30 a. m.

The officers attending were:

J. J. Toland, Jr., M.D.—President
M. F. Yeip, M.D.—First Vice-President
Wm. J. Egan, M.D.—2nd Vice-President
D. L. Sexton, M.D.—3rd Vice-President
J. J. Graff, M.D.—Secretary
L. D. Cassidy, M.D.—Treasurer
Rt. Rev. Msgr. D. A. McGowan—Moderator

Members of the Board present were:

E. Murphy, M.D.—Bronx Guild
J. Kolp, M.D.—Canton, Ohio Guild
W. P. Chester, M.D.—Detroit Guild
W. L. Bushard, M.D.—Minneapolis Guild
G. Broun, M.D.—St. Louis Guild
N. Thiberge, M.D.—New Orleans Guild

Others at the Board Meeting were Rev. J. J. Flanagan, S.J., Editor of LINACRE QUARTERLY, Rev. John J. Lynch, S.J., Weston, Mass., M. R. Kneifl, Executive Secretary, and Jean Read.

Minutes of the June 1953 meeting were read and approved.

Linacre Quarterly

First order of business was discussion of editorial material. Rev. John J. Lynch, S.J., Professor of Moral Theology, Weston College, Weston, Mass., was invited to the meeting to review the field and to lend effort to the endeavors of the Editorial Board to secure articles for LINACRE QUARTERLY. Among the subjects suggested for writing were:

Obligations of Physicians to Work in Rural Areas
Fertility Clinics Under Auspices of Catholic Hospitals
Exorbitant or Excessive Fees
Refresher Course on Morals and Ethics
Training Marriage Counselors

Discussion of Fertility Clinics ensued and the work carried on in this regard at St. Elizabeth's Hospital, Boston, Mass. was discussed at length. A series of articles for LINACRE QUARTERLY is to be prepared.

Magazine Article

Discussion occurred regarding fee-splitting as developed in Collier's magazine cover and article and its effect on young doctors and prospective patients. It was decided that the Federation would not pursue the matter in any official way.

Past Presidents

In line with the proposal that past Presidents of the Federation be made members of the Executive Board, the following was submitted by the Committee appointed at the June meeting:

Article VI, Section 4, entitled, "The Executive Board," would have to be amended. The section now reads:

"The elected officers of the Federation and one delegate from each active constituent Guild in good standing shall constitute the Executive Board of the Federation."

It is proposed that after the word "Federation" a comma be inserted, followed by the phrase, "the past Presidents of the Federation," followed by the remainder of the sentence. Also, it is recommended that the following sentence be added: 'The past Presidents shall serve ex-officio, without voting privileges."

The section would then read, as amended:

Article VI

Section 4

The Executive Board

The elected officers of the Federation, the past Presidents of the Federation, and one delegate from each active constituent Guild in good standing, shall constitute the Executive Board of the Federation. The past Presidents shall serve ex-officio, without voting privileges.

Board members present approved the proposal. In order to make this effective, the proposed change is being submitted to all Guilds two months in advance of the annual meeting at which time it will be voted upon.

Promotion of Guilds

Monsignor McGowan reported that the Bishops in conference at Washington, D. C. are favorable to the formation of Guilds throughout the United States. It was proposed that a letter on this subject be sent to the Hierarchy giving more details of the Guild movement. It was also recommended that Sisters Superior of Catholic hospitals be informed of this activity so that they might encourage staff doctors to organize Guilds or join those presently existing.

It was also urged that Guilds in medical schools be encouraged. To acquaint medical students with the activities of these groups, it was suggested that Guilds furnish them with copies of LINACRE QUARTERLY regularly. A student rate of $1.00 a year prevails, when 10 or more copies are sent to one address. The Bronx, Cleveland, and Minneapolis Guilds are doing this at present for such students in their areas.

The following cities were mentioned as prospective centers for Guilds: San Francisco, Providence, R. I.; Danbury, Conn.; Santa Fe, N. Mex.; Camden, N. J.; Greenburg, Pa.; Elizabeth, N. J.; Seattle, Wash.; Morristown, Pa.; Scranton, Pa.; Trenton, N. J.; Tucson, Ariz.;

Burlington, Vt.; Pittsburgh, Pa.; Baltimore, Md.; Columbus, Ohio; Cincinnati, Ohio.

Exhibit for Cana Conferences

Correspondence was read regarding an exhibit that is available for use at Cana Conferences and can be transferred from place to place. The Bronx Guild is interested in the project which is to be financed by an individual in New York who is active in the Cana movement. It could be used at medical conventions to counteract the activities of the Planned Parenthood Association. It had been suggested that the Federation sponsor the exhibit. Further study was recommended. Details will be secured and the Guilds advised.

International Physicians' Meeting

Interest was manifested in the World Congress of Catholic doctors to be held in Dublin from June 30 to July 4. No official delegate of the Federation was nominated at this meeting, but some members are planning to be present.

International Affiliation

Membership of the Federation in the International Congress of Catholic Doctors was authorized. The fee will be sent shortly.

Honorary President

Article VI of the Federation Constitution (Section 1, paragraph A) reads: "The honorary officers may include an Honorary President and Advisor who shall be invited to hold office by the Executive Board; and such other honorary officers as circumstances may seem to make desirable." In line with this provision, it was moved and seconded that Dr. Narcisse Thiberge of New Orleans, La., long-time member of the New Orleans Catholic Physicians' Guild and loyal supporter of national activities, be elected Honorary President of the Federation. Unanimous approval was accorded the motion. Dr. Thiberge is the first to hold this office.

St. Luke's Day

Several Board members advised that their Guilds attended High Mass as a group on St. Luke's Day, October 18. This custom is encouraged wherever possible.

Annual Meeting of Executive Board

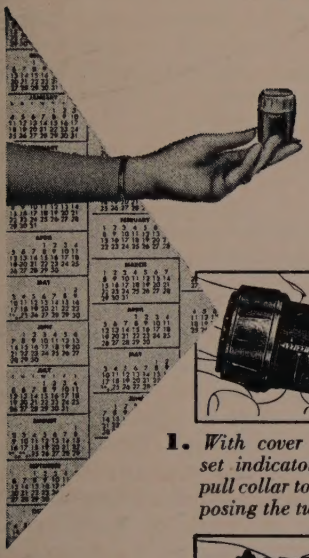
The annual meeting of the Executive Board is scheduled for June 23, 1954 in San Francisco. The usual luncheon and meeting for all Catholic doctors is to follow the Board meeting. Details are to be arranged shortly.

Finances

The annual financial statement was presented, discussed and approved. A proposed budget for 1954 was submitted and approved. Meeting adjourned at 2:30 p. m.

Clay-Adams Announces

The ADAMS Fertility Calculator



3 Simple Steps

- **Simplifies your patient's calculation of her fertile period**
- **Permits individualized settings for each patient based on Knaus Method**
- **Eliminates arithmetical errors**

The ADAMS Fertility Calculator enables a doctor, *for the first time,* to provide his patients with an easy-to-use, individually-set calculator that will accurately determine the *individual* patient's fertile periods. Based on the widely-approved and tested Knaus Rhythm method, it covers menstrual cycles as short as 21 days or as long as 38 days. It will cover up to 12-day variations in extremes of the patient's menstrual cycles.

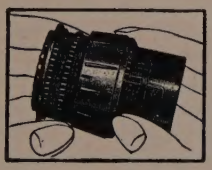
The Fertility Calculator eliminates complicated charts and tables for determining a woman's fertile period. The doctor sets the calculator at the shortest and longest menstrual cycle of the patient and locks the calculator in position. The patient then can read her fertile days each month directly off the calculator, by turning the dial to her onset date of her latest menstruation. In sterility cases, the physician can narrow down the number of days when conception is possible.

Studies show that involved calculations are the greatest single source of error in applying the Knaus method. These are now avoided.

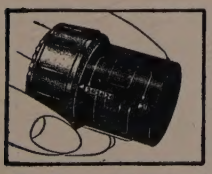
The ADAMS Fertility Calculator is made of durable plastic and metal and is only 2 inches high. The calculator will be sold only through Surgical Supply Dealers on recommendation of physicians. Price is $5.00 with quantity discounts.

Get complete details from your Surgical Supply Dealer.

1. *With cover removed, set indicator at "O", pull collar to right, exposing the two wheels.*



2. *Shortest and longest cycles are set opposite each other—relock calculator by sliding collar back in place, with line over individual cycle variations.*



3. *Fertile period is read directly when indicator is set at date of menstrual onset.*

CLAY-ADAMS COMPANY, INC.
141 East 25th St., New York 10

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